

A L E R T

March 12, 2019

TO: Pharmacies, Physicians, Physician Assistants, Nurse Practitioners Oral Surgeons, Optometrists, Dentists, FQHCs, RHCs, Mental Health Service Providers and Nursing Homes

RE: Preferred Drug List (PDL) Quarterly Update

Effective April 1, 2019 the Alabama Medicaid Agency will:

- 1. Require Prior Authorization (PA) for generic tobramycin/dexamethasone ophthalmic drops, generic albuterol HFA, and generic fluticasone/salmeterol inhalation device. Brand Tobradex and Advair Diskus will be added as preferred. Brand Proair HFA and Proventil HFA will remain preferred.**
Use Dispense as Written (DAW) Code of 9 for brand Tobradex, Proair HFA, Proventil HFA, and Advair Diskus. DAW Code of 9 indicates the following: Substitution Allowed by Prescriber but Plan Requests Brand. This value is used when the prescriber has indicated, in a manner specified by prevailing law, that generic substitution is permitted, but the Plan requests the brand product to be dispensed.
- 2. Remove prior authorization from budesonide respules (generic Pulmicort). Brand Pulmicort Respules will now require PA.**
- 3. Include the Growth Hormone Agents in the Preferred Drug List (PDL). Preferred agents will be preferred with clinical criteria.**
Preferred products will require a prior authorization request be submitted. Clinical criteria must be met in order to be approved. Non-preferred products will require prior authorization; for a non-preferred product to be approved, failure with a designated number of preferred agents and clinical criteria must be met.
- 4. Update the PDL to reflect the quarterly updates.** The updates are listed below:

PDL Additions	
Advair Diskus	Inhaled Corticosteroids Agents
Advair HFA	Inhaled Corticosteroids Agents
Budesonide (generic Pulmicort Respules)	Inhaled Corticosteroids Agents
Dulera	Inhaled Corticosteroids Agents
Omnitrope ^{cc}	Growth Hormone Agents
Tobradex Ophthalmic Drops	EENT Antibacterial Agents
Xifaxan	Miscellaneous Antibacterial Agents
Zomacton ^{cc}	Growth Hormone Agents
PDL Deletions	
Albuterol HFA (generic Proair HFA and Ventolin HFA)	Respiratory β-Agonists
Alvesco	Inhaled Corticosteroids Agents
Cotempla XR	ADHD Agents
Fluticasone/salmeterol inhalation device (generic Advair Diskus)	Inhaled Corticosteroids Agents
Kapvay*	ADHD Agents
Pulmicort Respules	Inhaled Corticosteroids Agents
Tobramycin/Dexamethasone Ophthalmic Drops (generic Tobradex)	EENT Antibacterials

^{cc} Indicates drug will be preferred with clinical criteria.

* Drug was non-covered effective 1/28/2019.

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For additional PDL and coverage information, visit our drug look-up site at <https://www.medicaid.alabamaservices.org/ALPortal/NDC%20Look%20Up/tabId/39/Default.aspx>.

The PA request form and criteria booklet, as well as a link for a PA request form that can be completed and submitted electronically online, can be found on the Agency's website at www.medicaid.alabama.gov and should be utilized by the prescriber or the dispensing pharmacy when requesting a PA. Providers requesting PAs by mail or fax should send requests to:

Health Information Designs (HID)
Medicaid Pharmacy Administrative Services
P. O. Box 3210 Auburn, AL 36832-3210
Fax: 1-800-748-0116
Phone: 1-800-748-0130

Incomplete PA requests or those failing to meet Medicaid criteria will be denied. If the prescriber believes medical justification should be considered, the prescriber must document this on the form or submit a written letter of medical justification along with the PA form to HID. Additional information may be requested. Staff physicians will review this information.

Policy questions concerning this provider notice should be directed to the Pharmacy Program at (334) 242-5050. Questions regarding PA procedures should be directed to the HID help desk at 1-800-748-0130.